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Organized Neighborhood Nursing

PART I.

(By Blanche Swainhardt, R. N.)

For a long time *all* visiting nurse associations have felt the necessity of extending nursing care to those whom they could pity; at last we have come to know a wider interpretation of our obligation and to realize that our greatest opportunity lies in doing for people before they are reduced to poverty and the need of commiseration. So much by way of a little foreword to a report which I am about to make of the Neighborhood Nursing Service as initiated by the Cleveland Visiting Nurse Association.

Owing to the fact that Cleveland, with a population of 650,000, a city of moderate homes and small apartments, had been supplied with the available service of only two hourly nurses, working independently, and the services of the Visiting Nurse Association, which is an organization primarily doing charity work, the need for organized visiting nursing service on a paid basis began to manifest itself several years ago. Because of this need, a group of open-minded citizens began studying how to solve the problem.

After a fairly thorough study of the conditions and needs, it was decided that no individual or group of individuals could organize an adequate extension service, carrying visiting nursing, with charges based on the hour system, unless it had back of it some working capital and the support of a permanent organization. In Cleveland the organization best prepared to do this work seemed to be the Visiting Nurse Association.

A working capital of $1,500 with which to begin our extension was provided by a trustee of the Association, and a special committee, known as the Neighborhood Nursing Committee, was formed to work out details of organization and policy. At first it was thought wise to organize a special service. After careful consideration, however, it seemed that the only wise and democratic way was to do "visiting nursing" wherever and whenever requested.

The first question to be met was that of charges to be made; to decide this we divided the budget of the Association into the following headings: Nurses' salaries; substitute nurses' salaries; office salaries; telephone and miscellaneous office expenses; rent and cleaning; office supplies and printing; laundry; medical and surgical supplies; nurses' carfare; and found our total expense for six months. We divided this sum by the average

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number of visits made during the same period, and in this way arrived at a basis for our charges.

It was decided that the best plan for working out this extension of nursing service would be through our already organized staff of visiting nurses, the nurses keeping the same geographical territory in which they had been working, and having such nursing aid furnished as the need might demand. The regulations as to hours of duty, salary, time off duty, etc., to remain the same as for other work under the Visiting Nurse Association, with the exception of the night service; the same nurses to care for all cases, and all additional help to be supplied to the district, not to particular cases. The scale of prices and general plan for the work was presented to the Cleveland trustees who, upon recommendation of the Neighborhood Nursing Committee, voted to make a three months' trial of the work.

The next step was that of publicity. Seven hundred letters were sent to members of the Cleveland Medical Association; five thousand leaflets were printed and distributed to various groups of wage earners, including the Police Department; the Sanitary Bureau; various individuals reached through the Health Department; to the workers of the Blind Association; to public schools, through the principals and teachers; to the librarians; to the Y. M. C. A. and Y. W. C. A.; to the various hospitals, for out-going patients; and to several firms with which we happened to have a business contact.

A number of different churches and sewing societies were visited, and short addresses describing all phases of the Association's work were presented in each instance. A paid advertisement was inserted in the *Cleveland Medical Journal,* which is continued each month, and the subject was treated editorially both in that journal and in the *Ohio State Medical Journal.*

Owing to the fact that we were uncertain of the demands the public might make upon us, newspaper publicity was avoided, with the exception of a notice in one or two foreign papers.

The following was the form of the letter sent to the members of the Academy of Medicine, and to various physicians not belonging to the Academy, but for whom we frequently nurse:

The Visiting Nurse Association has for some time felt that its usefulness to the community could be greatly increased by extending its services to those persons able to pay for skilled nursing care, and yet not desirous of having a nurse resident in the home. Arrangements have been made whereby such service on a visit basis can now be obtained through the above association.

The enclosed leaflet gives charges and regulations. In addition to care during minor operations and confinements, we are in a position to provide for night service when necessary. For the present, however, such visits must be arranged for during the day, through the main office of the Visiting Nurse Association.

We earnestly seek your coöperation in making this extended service successful in filling a long felt want, and invite both suggestions and criticism.

A leaflet, in the form of a folder, with the following information, was enclosed with each letter and given to various groups of people:

The Cleveland Visiting Nurse Association will furnish trained nursing service on an hourly basis to anyone desirous of having nursing care in the home, when a part time or visit service is all that is required.

Charges for this service between the hours of 8.00 a. m. and 5.00 p. m. will be seventy-five cents for the first hour, and fifty cents for each additional hour or part thereof. An additional charge will be made for visits between 5.00 p.m. and 8 a. m.

The nurse is responsible for collecting the fees and it is requested that daily payments be made.

Preparations for and services during minor operations and confinements may be arranged for at the rate of $5.00 per case. Subsequent visits at the regular rate.

For such special service the main office should be called in advance whenever possible. Arrangements may be made by the attending physician or the family.

In the past the Cleveland Association had nursed the employees of industrial organizations, when called upon, free of cost; however, as a result of our new outlook it seemed to us that it was not proper that business corporations should accept such care for their employees from a charitable organization. We therefore prepared the following letter, which is sent out as a continuous circular to business firms, factories, fraternities, etc., at the rate of about thirty copies per month; the names of the organizations to whom the letter is sent are obtained from the Directory and a record is kept of all those who receive it, so that no unbusiness-like duplication occurs.

A number of industrial and business organizations have found it both practical and convenient to avail themselves of the services of the Visiting Nurse Association as stated on the enclosed card. This is oftentimes done whether or not there is an established service department in which a nurse is employed.

The Visiting Nurse Association is very glad to visit and care for sick or absent employees and to make a telephone and written report to you regarding conditions found.

Among the business organizations availing themselves of this opportunity are the Western Union Telegraph Company, the Cleveland Folding Machine and Foundry Company, the American Steel and Wire Company, the Cleveland Provision Company.

If we can be of service to you please call Main 4037 or Central 3602 between the hours of 8.00 a. m. and 5.00 p. m.

During the month of August, 1916, in one district alone a number of different corporations called for our services on behalf of their employees.

Sometimes a business organization was asked to pay for the care of a member of an employee's family whose sickness was keeping the employee himself away from his work. For instance, in the case of a burnt child, the care given by the visiting nurse enabled the father to return to his work in the shop; and a note was sent to the employer saying that, if he considered the release of the employee to be worth it, the cost of the nurse's visits should be paid. The response was a cheque for the

amount and an expression of most grateful appreciation of the work of the Association.

The inauguration of the new service was received cordially by many of those to whom the publicity material was sent, and letters of approval and expressions of willingness to coöperate were received from the Director of Public Safety (who promised to distribute the circulars among members of the Police and Fire Departments); from the General Secretary of the Y. M. C. A.; and from several of the most prominent physicians.

We began services with ten general districts for the city. Each nurse, or group of nurses, was made acquainted with our policies and was urged to do all that she could to develop this work in her own district and frequently to compare her results with results obtained by other nurses in other districts. The stimulus which came to us all from this new understanding of our opportunities is beyond reckoning in figures.

Any and all persons not desiring a resident nurse in the home, or unable to pay for such care, became eligible for our service.

One of our greatest efforts was made along the line of maternity service, at the time of delivery and for the necessary subsequent care. It is especially desirable that maternity cases should be obtained during the prenatal periods, in order that the family may be instructed as to the necessary arrangements: that the mother may be taught how to provide for herself and have all necessities ready and properly sterilized. When the time in which to teach the mother is limited, or conditions are not favorable for the preparation of supplies in the home, they may be purchased from the Association at a nominal cost. We have been able to make charges occasionally for prenatal visits; such charges depend upon circumstances and the intelligent appreciation of the family.

Our first plans did not include night service; but experience soon taught us that you cannot say to an expectant mother that you will care for her during confinement if it happens to be between 8.00 a. m. and 5.00 p. m. on any day except Sunday! Such a promise gives little peace of mind or sense of security. Therefore, night service had to be provided. This was done by arranging with the Cleveland Graduate Nurses' Association, which maintains a Central Registry for Nurses, to take our night calls and to send a nurse who is paid by the Visiting Nurse Association at the regular registry rate, the patient paying the Visiting Nurse Association. The night work has grown to such an extent that it is difficult to answer the calls from the Central Registry and we are now employing our own nurse. It is not yet necessary to use the full time of this nurse, but we have been so fortunate as to find one who has half-day employment and who is glad to undertake our night work, to be paid for each call at the registry rate.

A bag with special equipment is kept for the maternity, operation and emergency cases; this bag is different in shape from our other bags, so that it is always recognized and a nurse cannot take it by mistake. The contents of the emergency bag are as follows:

Light weight bag with: 2 small sterile sheets; 2 packages sterile towels, 3 in each; sterile gown (for the nurse); 1 rubber apron; alcohol; bichloride; lysol; thermometer; scissors; baby tape; forceps; sterile dressings; hand brush; hand towel; green soap; rubber sheeting in which to wrap wet or soiled linen.

No charge is made for laundry or sterilizing. Supplies which cannot again be used, such as dressings, etc., are sold to the patient.

At the end of the three months' experiment the work had been so successful that the Board of the Visiting Nurse Association recommended that it be continued indefinitely. It is of interest to note the increase in the number of calls from private physicians during the trial period. In the first month there were calls from ten different doctors, in the second from seventeen and in the third from twenty-five different physicians. Most of these calls came from doctors who had not, as a rule, called us for free services. This means that we were entering an entirely different type of home than those formerly visited. *The effect of this entry into better homes has been to stimulate the nurses to more careful service.*

The following is a table of the *special* expenses incurred on behalf of the Neighborhood Nursing Service during the thirteen months from April 1, 1915, to May 1, 1916:

Advertising and printing:		
Cards	$ 9.50	
Leaflets	25.80	
Medical Journal (8 months' advertising)	40.00	
Letters and leaflet	58.36	
		$133.66
Nurses' bags (6)		36.60
Sheets, dressings		24.65
		$194.91

This amount represents special expense only; the total cost of the service, including nurses' salaries, administrative expenses, etc., was computed by dividing the budget, as previously explained.

During the same period, from April 1, 1915, to May 1, 1916, the following number of visits were made:

Total number of visits	2,179	
Total number of hours (estimating $5.00 day calls at 3 hours, and $5.00 night calls at 6 hours)	2,319	
Total earned (of this sum $105.58 was paid for night service)		$1,731.43
Average earning per visit		.79
Average earning per hour		.75

It is interesting to note that *the service money in small fees has been considerably increased by the stimulation of the new service.*

We have also found that, whereas the visiting nurse is obliged to make a good many visits to dispensaries, charitable societies, etc., on behalf of her free patients, the visits made to our pay patients require no reference visits and therefore cost us a lower average per visit than the free cases.

The increase of cases has made it practicable to employ a stenographer in certain nursing centers to take charge of the records; this releases about an hour a day of the time of each nurse, which means the saving of several days per week in the time of the nurses in some districts, dependent upon the number employed.

Almost without exception the patients have paid the fees as promised, and in the year's work, out of the total of $1,731.43 earned, less than $40.00 remains uncollected and this will be paid, at least in part, later.

Our patients have included amongst others, ministers, doctors, social workers, librarians, and school teachers. That the service has been appreciated has been expressed to us many times in various ways, and we constantly find that where a new friend is made we have frequent calls to the neighborhood; this has meant that the geographical distribution of our work has extended from one end of the city to the other.

It is needless to say that at the end of the experimental period the Association was convinced that the Neighborhood Nursing Service had proven itself of value not only to the community, but to the Association itself, whose general work received from it a very marked impetus and stimulation. After eighteen months' experience we are in a position to say that a liberally organized Visiting Nurse Association, having directors who are intelligent and anxious to serve their community in the largest sense of the word, makes the best of all possible mediums for the development of any form of collective nursing service.

To round out the Neighborhood Nursing Service,[1] the Graduate Nurses' Association has established a Household Nursing Bureau, from which supervised attendants may be obtained; these attendants vary in ability and experience, and the charges for the service range from $10 to $18 per week. The visiting nurse supervises the attendant in the home when it is convenient or helpful to the Bureau.

We feel that our work so far indicates that a great many more of our 650,000 inhabitants will be provided with trained nursing care, when necessary, than ever have been so supplied in the past. The doctors and nurses have met out plan with hearty response and support. Indications at present lead us to believe that this organization and development of a *self-supporting service* will mean to the graduate nurses (a) much more work; (b) work which is organized and directed and for which a well-established organization is responsible; (c) work with regular hours, regular vacation and definite provision for the nurse in time of illness;

[1] Since the writing of this paper the Household Nursing Bureau of the Graduate Nurse Association has been taken over by the Committee on Neighborhood Nursing of the Cleveland Visiting Nurse Association, and is to be operated, for an experimental period at least, under the auspices of the Visiting Nurse Association.

(d) and general stimulation, personally and professionally, which comes from democratic contact with an entire community. We have felt this from the beginning, and our belief is becoming fact, because the Central Registry reports more demands for hourly service than ever before, and we have had to employ two extra nurses a good part of the time to meet our own growth; we should, indeed, have had to employ more were it not for the placing of three stenographers in the districts.

On the whole, the effort to extend visiting nursing in Cleveland has been sufficiently successful to warrant its enthusiastic continuance. This success, however, is due very largely to the hearty coöperation and support which has been met with at every turn from the members of the medical profession, the members of the Graduate Nurses' Association, and, above all, from the individual nurses on the staff—their efforts have been untiring and definite in an attempt to develop adequate nursing care for those who need it.

PART II.

(By Isabel W. Lowman)

As a luxury, skilled nursing care for the sick was, of course, the prerogative of a very limited number of persons. Later, when we commenced to consider it one of the most highly valued comforts of modern life, we felt that its benefits must be more widely extended. And now that we are beginning to suspect it of being a prime necessity not only for the individual, but as a means of securing a better standard for human health, we cannot be satisfied until we have devised some plan by which its benefits can be obtainable for all men. Of course this will mean readjustments of many kinds and coöperation with many agencies, as well as a great increase in the number of skilled nurses to meet the need.

When illness enters a family it threatens not only the person in whom it is manifest, but also the other membmers of the family, together with friends and neighbors, and this is largely the case because the laws which govern its dissemination are unknown to people in general. Each disease has its own peculiar way of reaching out for new victims, and it is precisely because of this fact that sound clinical instruction of the family members must be carried on vigorously when a sick person is cared for at home.

So it is that a good district nurse must give good bedside nursing care and, at the same time, teach the family how to carry on this care during her absence and to use such precautions as are peculiarly necessary for the control of the disease in question. Thus, if she is taking care of a case of pneumonia in the home she lays especial emphasis upon the necessity of a quiet, sunny, well-ventilated room, and the importance of carrying out the doctor's orders as to diet, temperature, baths and medicine; if the patient has typhoid fever, members of the family are taught the precautions necessary for the protection of themselves, as well as the directions for the care of the patient.

It is a very real and very effective mode of instruction, this bedside care of a family member in the midst of a household, and it is productive of benefits to society quite out of proportion to any facts or figures which can be recorded—for the facts and figures deal largely with the person actually ill; whereas we must keep imaginary tables to represent the number of persons who are saved from illness because of the painstaking instruction and supervision of the nurse.

Within the two last decades nursing associations whose directors are lay persons and whose nurses are on a staff and go from home to home, giving care to the sick, have grown in number from dozens to thousands. Some of these associations are supported by private subscriptions, and others are carried by the community; still others are carried jointly by lay subscriptions and municipal taxes. Just at the present time there is a very strong tendency on the part of the individual to pay sometimes in part and sometimes altogether for himself, so that the factors of support of such associations are becoming both varied and indicative of the character of the organization which is doing the work. A good, healthy association dating some twelve or fifteen or twenty years back will have endowments to its credit which are the gift of friends, oftentimes dedicated with a full heart to the memory of a loved one who has died; it will have large yearly contributions from a few members and, from a larger number of people, a scale of annual subscriptions varying in size from a dollar upwards. It perhaps has salaries paid into its treasury for nurses by hospitals, industrial concerns and other enterprises; and in recent times nearly all the large associations do the nursing for the Metropolitan Insurance Company. Fees from individual patients have usually bulked pretty small in the annual accounting of sources of support until very recent times, and even yet are only beginning to respond to the newer tendency. Happily the nurses have looked out upon a wider field and have felt the great need for good bedside nursing in countless homes never before considered because of their inviolable right to privacy. It is difficult to say just what part the Metropolitan Life Insurance Company has played in educating the public health nurse to enter homes where there is need for the best nursing at wholesale prices. I think that its influence in this direction has been very great and that its admirable business methods and its understanding of the very great benefit to be derived from prompt and efficient nursing care, especially in acute illness, has opened up whole new congeries of cause and effect and interesting fact.

A great business organization which undertakes to initiate and set in motion over vast areas a constructive system of nursing which has as its objective the increase of health and longevity on the part of its policy holders will contribute many a new and valuable principle to the work of building up and preserving human health. There has long been a tendency on the part of the public to think that illness usually finds a refuge within the walls of hospitals or in homes where some kind of bedside care can be given. Even a very vivid and highly trained imagination falls

far short of picturing the unnecessary distress and anguish of thousands of persons who languish uncared for and untended during severe illness in places both large and small. Many a city whose population runs from half a million to six or seven hundred thousand people will have, all told perhaps, four or five thousand beds in hospitals and other institutions. Yet we have only to make the roughest estimate of the statistics of illness to know how large a proportion of men, women and children are ill at any given time. How to supplement the care which hospitals are able to give by good bedside care in the home is a matter which must be understood in the terms of the miracle of the loaves and fishes, if understood at all. We have all of us a tendency to set up little worlds with little horizons about them and little skies above them. We have been satisfied with a system of out-patient nursing which has provided continuous graduate nurse care in time of illness for the rich and well-to-do, and "visiting nurse care for the sick poor in their homes." Even the terms of yesterday seem obsolete in the light of a better understanding. What we now realize is that it must be visiting nurse care for tens of thousands of people instead of thousands. People in flats, people in hotels, people in boarding houses, rooms, private houses—thousands of persons who can supplement skilled nursing care with interim care that love tries and often succeeds in rendering skilful.

And, in the meantime, what will happen, what will be the effect of this entrance into this vastly wider field? It will mean that the knowledge of health and the care of the sick will increase in geometric proportion to the patients cared for. For those of us who look abroad and see the fields white for harvest it seems as though where one nurse now works, a hundred must be found to meet the rapidly growing need which the new idea makes manifest.

The entire matter of establishing a wholesale rate for nursing visits is a very delicate one and one which involves so many questions having to do with nursing ethics and practice that the beginning of such an undertaking in any community ought to be painstakingly and thoroughly considered in all their bearings and worked out in closest coöperation with Graduate Nurses' Registries and Alumnæ Associations. In all large cities and in many small ones there are graduate hourly nurses who are not only highly skilled, but very much in demand for a service which is becoming constantly better appreciated. They work as individuals and make their engagements conform with the wishes and plans of their patients. They must ask a fee which will cover their expenses and leave a safe margin of profit.

The visiting nurse who works on a staff, on the contrary, works in a neighborhood and makes her visits according to a routine schedule. This method and concentration of work enables her to make many more daily visits than the nurse who works as an individual and enables her also to have her work reinforced and supplemented, when needful, by other staff nurses.

I have sometimes tried to imagine the immensity of the field of the undone bedside nursing by picturing to myself a last edition of any City Directory, with pin heads protruding from the book's edge, each pin to mark the address of a home where skilled bedside care has been given in case of illness. Only by means of pin maps and other graphic devices can the distribution and trend of a work make itself understood in relation to the community's need as a whole. Only in some such way can graduate nurses grasp the need for a wider distribution of the inestimable benefits of their service. However, according to my belief, any new interpretation of nursing practice and policy must always have the support and endorsement of the Graduate Nurses' Association or they will be cut off from their rightful sources of life. If Mr. Richards M. Bradley, Chairman of the General Committe of the Bureau for Organizing Home Care for the Sick in the United States and Canada, had made no other contribution to the cause of public welfare than to make plain and public his comprehensive and practical plan for some standard form of organized care for households invaded by sickness, he would have a lasting right to the gratitude of all those who are trying to see the public good as one whole and indivisible question.—*The Public Health Nurse Quarterly.*

Sphagnum Moss for Use as a Surgical Dressing; Its Collection, Preparation and Other Details

An Illustrated Demonstration

(By Professor J. B. Porter, McGill University)

Read before the Montreal Medico-Chirurgical Society, November, 1916.

The September number of the well-known and justly popular London *Graphic* bore in conspicuous capitals on its front cover the question—"Are you collecting Sphagnum Moss?—see page 281," and thus brought before its large circle of Canadian readers what was to the most of them a new word and a novel war activity.

Scholars of Greek, of course, knew what Sphagnum used to mean, and botanists recognized the word as the generic name of the peat mosses, but even these learned people were probably surprised and somewhat incredulous when they read that "the collecting, drying and making into surgical dressings of sphagnum moss has become a national industry in Scotland"—that "the work is being extended all over Ireland, England and Wales," and that the Government through Sir Edward Ward, D.G.V.O., had established central depots all over Great Britain to receive and forward the material to the war hospitals which were "profoundly thankful for a dressing which is better than absorbent cotton."

Although I have introduced my subject by this quotation from the *Graphic* I do not labor under the delusion that that excellent paper is a standard work on Surgery, neither do I lack more weighty authority; I

quote it simply because no previous publication had stated the case in so striking a way or to so large an audience. As a matter of fact, sphagnum dressings made their appearance in the British press at least two years ago and since then have been much written about, but here in Canada at least, very few people seem to have heard of them and the majority of our medical men have been too intent on other matters to pay much attention to the occasional sphagnum articles in the *British Medical Journal, The Lancet* and other similar publications.

In spite of our incredulity or indifference the *Graphic* statement is apparently within the truth, and what is more to the point, not only are voluntary aid workers by the thousand collecting, and preparing, sphagnum, but after due experiment the War Office has formally approved of the dressings; the Red Cross has followed suit, and last, but not least so far as we are concerned, the Canadian Red Cross Commissioner in London has requisitioned a monthly supply of some thousands of dressings of Canadian sphagnum for the Canadian hospitals in the Shorncliffe and London areas.

Sphagnum is the basic plant of the peat which for many years I have been studying in connection with a research for the Canadian Government on the fuel resources of Canada. Thus, when certain of my friends, including the late Sir Lauder Brunton, wrote last winter of the attempt that was being made to introduce sphagnum for surgical dressing purposes, it occurred to me that here was a chance for one who was too old to fight still to be of some use, and therefore I obtained through my correspondents specimens of "surgical" moss, and after learning all I could about the matter I set to work to search the different bogs of this country for suitable material. Even in the spring of 1916 the use of moss in the hospitals was still in the experimental stage and I had great difficulty in getting my specimens passed upon by the authorities. Ultimately, however, they reported on the samples, accepting some lots and rejecting others, and thus I found that in certain parts of Canada we had excellent surgical sphagnum. I then collected a few hundred bushels of the best moss available and persuaded the local Red Cross organization in Guysborough—the town nearest my country home in Nova Scotia, to prepare a large number of dressings to War Office specification, and a lot of these dressings was sent over to be tested in actual service.*

The work above outlined was of course private, and altogether unofficial, but after proceeding thus far we turned the matter over to the Quebec Provincial Red Cross and they, with the help of certain affiliated organizations, are now making the dressings and arranging to send forward a regular monthly supply to the Canadian hospitals in England.

Sphagnum is the Greek word for moss, but at present is restricted by botanists to a single genus of about forty species and varieties, all of which are found in sub-Arctic and cold temperate zones. They are at their best in Newfoundland, Labrador and other northern districts, but

*** At the time of Dr. Porter's address no report had been received regarding this sample lot of dressings, but since then formal notification has been received that "they are of exceptionally good quality and of very high absorbency."**

they also grow freely in central and eastern Canada and other similar districts on the European continent. The decayed or semi-decayed sphagnum accumulated in the bottom of bogs is the fundamental material of peat, and the living plants themselves are largely used in Europe, and particularly in Germany, for cattle bedding, packing material, and various industrial purposes.

The softer and finer qualities of sphagnum have been used since time immemorial in what might be called home-made surgery, and moss dressings are said to have been employed to a limited extent in the Napoleonic and Franco-Prussian wars; but since then little has been heard of them until after the present war began. We now know, however, that the German army medical people were using them before the war and that they are using them in large quantities at the present time.

The British use of sphagnum in army surgical work proper has, I believe, developed altogether within the last eighteen months. Dressings made by Cathcart in Edinburgh were apparently the first to be used, but I have no exact information as to dates and quantities. Dressings were apparently first furnished to the War Office last autumn, but even up to the middle of April of this year the supplies were relatively small. The Irish St. John's Ambulance Asociation, under the presidency of the Countess of Waterford, followed the Edinburgh society closely and created a sphagnum department in October or November, but this organization was only producing 5,000 dressings in April, whereas now it is supplying about 35,000 per month. Similar societies have grown up in England and Wales, and the total output of dressings had reached a very large figure even before the War Office and the Red Cross formally adopted them in the latter part of the summer. To show how rapidly the demand has grown I might refer to an article by Sir Alexander Ogston in the *National Review* for August. He estimates the probable number of casualties for the coming year, discusses the vast quantity of surgical supplies which will be required by the several belligerent nations, and concludes that within the next twelve months at least fifty million dressings should be prepared for the use of the various war hospitals. He makes it clear that he considers sphagnum superior to any other available absorbent dressing. Whether his huge estimate is right or wrong it is clear that the demand will be so enormous that Canada with its large sphagnum resources, and its supply of willing Red Cross workers, should lose no time in getting to work.

Only two or three of our numerous species of sphagnum have proved suitable for surgical use, and of these, one—S. papillosum, found thus far only in the Maritime Provinces, is far superior to all others. Some specimens of this plant show an astonishing absorbency and dressings made of the best dry moss will absorb twenty to twenty-two times their own weight in water before they begin to drip. Average moss will go as high as twelve at least, whereas absorbent cotton does not go above half even of this last figure. Another advantage of sphagnum is that it holds the absorbed liquid far better than cotton and does not get foul nearly

so quickly, these valuable qualities being, no doubt, due to the fact that in sphagnum the liquid is taken into large cells with elastic walls, instead of being held by capillarity between the fibres as in cotton. These exceptional absorbent powers are as true of pus and other liquid discharges as of water, and hospitals using moss find that their dressings do not require renewal nearly as frequently as ordinary gauze cotton. Further, the moss dressings are much lighter and less heating, and a great many observers call attention to these features as conducing greatly to the comfort of patients.

"I feel assured that sphagnum is **the** dressing for the Carrel Tube system. It is so light and absorbent."

—(Extract from a letter from Colonel Caird, Professor of Clinical Surgery in Edinburgh, now on duty in France.)

"Spaghnum dressings require only a thin layer of gauze over the wound, or not even that if gauze is scarce, as the gauze bag which contains the moss is practically sufficient. For all freely discharging wounds sphagnum dressings are much superior to cotton; for wounds with slight discharges either would serve the purpose."

—(Extract from a letter from the chief surgeon of a large British war hospital.)

"Even the best prepared cotton, although in a sense very absorbent, lacks the power to retain discharges which is possessed by sphagnum moss. Thus whereas a pad of absorbent cotton allows these sanious discharges to penetrate and pass beyond to the bed clothes through a very limited portion of the dressing, or causes them, when thick, and purulent, to lie between its clogged surface and the wound, a pad of sphagnum absorbs and holds up the discharges until it becomes fully saturated.

"In civil hospitals in times of peace the deficiencies of cotton are not so much noticed. The majority of the wounds are those made by the surgeons themselves under ideal conditions and thanks to antiseptic surgery these wounds have only a slight discharge, if any at all. Hence the fallacy of supposing that a dressing which meets requirements in a time of peace must be equally useful under all circumstances, including those of war."

—(Extract from a paper by C. W. Cathcart, senior surgeon Edinburgh Infirmary, June 16th, 1916.)

The writer has been informed recently by one of the nurses at the Eastbourne Naval Hospital that sphagnum dressings were found very satisfactory, and were greatly preferred by the patients as they were less heating than cotton and therefore far more comfortable. They were also found particularly useful in cases of bad burns. The same informant said that splint pads made of second quality sphagnum were greatly preferred to cotton for fractures, as they retained their elasticity and were cool and very light.

Owing to the great variations in usefulness of different kinds of sphagnum, the material has to be collected by people who have been trained to know the good from the bad, and as the different species of sphagnum grow very much intermixed the collector will often have difficulty at first in deciding just what to take and what to leave. The method of collection is to wade out into the bog, grasp and pull up the upper

layers of the moss by the handful, wring them out, put them in sacks and take them to the edge of the bog whence they are carted to some suitable place where they can be spread out to dry and have the rubbish picked out. The rough dried moss is then shipped to Red Cross work rooms where it is very carefully picked over and classified into three or more qualities. All the best stuff is put into muslin cases for dressings, the intermediate is made up into pillows, splint pads, dysentry pads, etc., the worst discarded. One has to be extremely careful about the first collecting, as the picking over of poor moss requires an enormous amount of labor and time, and produces very little material in the end. Throughout the work all possible precautions are taken to keep the moss clean and free from infection, but the general opinion seems to be not to attempt to sterilize the dressings here, but to leave that business to the hospitals. In the earlier months of the work, Dr. Cathcart sterilized a considerable number of his dressings, about a fifth of his material, and the Irish Bureau about a tenth, the rest going forward unsterilized. Now I am informed that all of the British hospitals at least do their own sterilizing, which is far more satisfactory.

In closing I may say that although this surgical use of sphagnum is extremely new, except in Germany, and is still to a certain extent experimental, yet already there are thousands of volunteer workers engaged on the preparation of dressings in Great Britain, and the two or three score of Canadians now interested can easily be multiplied by a hundred, if necessary, in the spring. There is no doubt that the material is greatly needed, and it is popularly understood that the supplies in Great Britain are insufficient to meet the demand. Official information as to this latter point is, however, being sought, and if the reply is such as we anticipate it is hoped that Canadians, particularly in the Maritime Provinces, will interest themselves heartily in the work.

The literature of sphagnum is far from voluminous if we except the popular, but irresponsible statements which have appeared in the Scotch and English newspapers during the last year. Certain of the technical articles are, however, definite and satisfactory.

1. The first mention of sphagnum in connection with modern surgery seems to have been made in 1882 when Neuber and others published a series of articles in German beginning with an important paper in *Arch. für Klin. Chir.* Bd. 27, S. 757. These articles interested a number of British surgeons, but so far as I can learn were not re-published or even abstracted in English until after the war began when Professors Balfour and Cathcart published a translation with comments and recommendations:

2. "Bog Moss for Surgical Dressings," *The Scotsman,* November 17th, 1914.

3. The Neuber article was again reviewed in an excellent paper by Cathcart: "Cheap Absorbent Dressings for the Wounded," *British Medical Journal,* July 24th, 1915, pp. 137-8-9.

4. The question of the sterilization of sphagnum dressings is taken up by Cathcart in "Methods of Preparing Sphagnum Moss as a Surgical Dressing," *The Lancet,* April 15th, 1916, p. 820.

5. The general sphagnum situation is discussed at length in an important article by Sir Alexander Ogston: "Our Wounded—Sphagnum Moss as a Dressing," *National Review,* August, 1916.

There are numerous other references to the subject in the medical press, but so far as I know, none of them are of any considerable technical importance. The following may, however, be mentioned:

6. *The Lancet,* October 16th, 1915, p. 898.

7. *The Lancet,* December 11th, 1915, p. 1316.

8. *British Medical Journal,* December 25th, 1915, p. 942.

9. *The Scotsman,* June 16th, 1916.

10. *British Medical Journal,* August 12th, 1916.

Supplementary Note by the Author

Since the above address was given the situation has developed considerably. Favorable reports on sphagnum dressings have been made by the commanding officers of several Canadian war hospitals, and definite requisitions for very large quantities of dressings have been received from the Director of Medical Services Canadian, in England, and from No. 3 Hospital in Boulogne, etc. On the other hand we are officially informed that the facilities for producing dressings in Great Britain and Ireland have so increased that Canadian supplies are not immediately required, although they probably will be greatly needed when the spring campaign begins. Finally, the present submarine situation is such that there is some question as to whether it will be advisable further to burden our already overtaxed shipping with relatively bulky consignments of dressings.

The central executive of the Canadian Red Cross is dealing with the situation in a very practical way. A special Sphagnum Committee has been appointed to look into the whole matter. Standard specifications for collecting and preparing moss are being drawn up, an inspection department is being organized and the Provincial Red Cross Societies in Eastern Canada and particularly in Nova Scotia, are much interested and will, undoubtedly, take full charge of the work of making dressings. By the time the snow melts and our bogs again become accessible, arrangements will have been completed for the production of whatever quantity of dressings may be required, and in this connection it must be realized that even if transportation difficulties render it inadvisable to send large supplies overseas, the work now being done will not be wasted, as sphagnum dressings have proved to be so useful and so much cheaper than gauze and cotton that a considerable demand will unquestionably grow up in our own hospitals.

In conclusion, it should be stated that while the Canadian Red Cross is thus undertaking serious and probably extensive work on this new material, it considers it very inadvisable for untrained persons to make up dressings. Experience in Great Britain has shown that only certain grades of moss are useful and dressings made to any but the strictest specifications are likely to be worse than useless. It is desirable that all accessible bogs in Canada should be searched for suitable moss, and specimens sent to the Secretary of the Sphagnum Committee at McGill University will be examined and reported on without delay, but no attempt should be made to collect moss in quantity, still less to make dressings, except with the approval and subject to the inspection of the Provincial Red Cross authorities.

—*Canadian Medical Association Journal.*

The Ability of Mothers to Nurse their Infants

(By Alan Brown, M. B.)

Attending Physician, Infants' Department, Hospital for Sick Children and the Infants' Ward, Toronto General Hospital. Director Department of Child Hygiene, City of Toronto.

The present study was undertaken for three reasons. First, the remark made by one of my obstetrical colleagues, that very few of the young women of to-day can nurse, compared with the ability of women twenty or thirty years ago; second, to bring before the practicing physician the importance of maternal nursing and how negligent we all are on the insistence of this most vital natural function; thirdly, to endeavour to show the layman the true status of affairs regarding the nursing problem and in this way endeavour to obtain coöperation with their physician in order to prolong the lactation period.

According to Eross, the average mortality, based on figures from thirteen European countries, during the first year of life is 18.33 per cent. The United States census reports give a similar figure. There is, however, as might be expected, considerable variation in different parts of the world. In Ireland it is but 9.4 per cent. and in Sweden 9.7 per cent.; in Saxony on the other hand, 28.1 per cent., and in Bavaria 28.7 per cent.; in Russia, according to Gundobin, it is still higher, 32.6 per cent. Budin reports a mortality in the first year for France from 1896 to 1900 of 20.2 per cent.

Every practising physician knows that the greatest number of deaths during the first year is caused by digestive trouble, that this is true is borne out by statistics obtained from all children's clinics throughout the world. In the mortality of Massachusetts from 1892 to 1896 according to Abbott diarrhœal disorders were responsible for 29.49 per cent. of the deaths in the first year of life. Budin found that 38.5 per cent. of the

deaths in the first year in the civic population of France were due to gastro-enteritis. Two years ago it was estimated by the author that in six leading cities in the Dominion, 44.4 per cent. of the infant deaths was caused by digestive troubles, the highest percentage of 57.6 per cent. being in Ottawa.

This brings us naturally to the next point to be considered, the influence of the diet, since it is particularly among the artificially-fed infants that gastro-enteric affections prevail. We have reason to expect then that the mortality will be found much greater in the artificially fed. That this is the case is well recognized, but a few figures may serve to illustrate to what degree it is true. In the cases reported by Luling, 14.24 per cent. of the breast-fed infants died and 31.42 per cent. to 50.24 per cent. of the bottle-fed; and in the 10,000 infants in the first year studied by Westgaard of those that were breast-fed 17 per cent. died from gastro-intestinal disease, and of the bottle-fed 43 p er cent. Of 1,000 infants studied by Armstrong in England but 8.4 per cent. of the breast-fed died as against 22.8 per cent. of the bottle-fed. Finally W. H. Davies addressed letters of inquiry to a large number of women giving birth to children in 1910 in Boston. The 736 replies showed that only 26 per cent. of the deaths between two weeks and one year of age had occurred in breast-fed babies. Roughly speaking, we may say that the breast-fed baby has at least five times the chance of living that the bottle-fed baby possesses. We may then assume it proved beyond question that the absence of breast feeding is perhaps the chief cause of infant mortality in the first year, as indeed of many deaths occurring in the second year. We may even go further than this and claim that the results of bottle feeding are often much more lasting than this period. Thus Rose studied 164,000 persons with relation to the later influence of the diet which had been given in the first year of life, and found that in many respects the deleterious effects of bottle feeding were often quite discoverable in these individuals, and that even in men capable of military service in the difference, to the disadvantage of the bottle-fed baby, was very apparent. This observation is by no means an isolated one, similar conditions having been noted by other writers.

With the full understanding of these facts, the importance of the next three topics to which reference must be made is pressed home on us: (1) How many mothers nurse their children? (2) How many are capable of nursing? (3) What is the cause of failure of women to nurse their infants?

The condition varies considerably with the country. In Japan, breast feeding is the rule. In Greenland, artificial feeding is scarcely known, and among the Esquimaux of Alaska there is no cow's milk to be had and infants are often nursed for from two to three years. In some of the races of Africa, the mother is often helped, if need be, by any of the women of the village, previous parturition, recent or otherwise, not being a necessity, the secretion of milk being gradually established in virigns or in grandmothers by the repeated putting of the child to the breast.

The importance of nursing by the mother is one long recognized by writers. An interesting contribution by Schlossmann quotes the urgent advice given in favour of it by the philosopher, Favorinus, who lived in the time of Trajan. Unfortunately, however, in many of the so-called civilized countries, maternal nursing has undoubtedly decreased greatly in frequency since then. In parts of Bavaria, according to Grassl, hardly 30 per cent. of the mothers give the children the breast. In Berlin, as stated by Neumann, 55.2 per cent. of the infants were nursed in 1885 and only 31.4 per cent. in 1890, showing the great falling off which had occurred in maternal nursing.

Is this failure of breast feeding an actual inability or only an apparent one? Is there in reality a diminishing power of women to nurse their infants? As a result of studies in the obsterical clinic of Graz, Negris found there existed in only 10 per cent. a physical disability to nurse. In the Stuttgart Clinic according to Martin nearly 100 per cent. do nurse. In Heidelberg, Jaschke observed that whereas in 1904, 64.01 per cent. of the infants were breast-fed, in 1907 86.14 per cent. and in some months 97.22 per cent., showing a very decided increase in the ability. Madam Dluski estimated that of 500 women observed in Pinard's Clinic in Paris there were but five in whom it was certain that nursing could have been improved either from the beginning of lactation, or after an interval of continuous effort; and Blackner as a result of studies on 1,000 children in London could only find 2.5 per cent. in whom there was a physical inability to nurse.

With regard to the frequency of breast feeding, whether there is an actual diminution or an apparent one only, some of the figures which have been given are to a certain degree open to criticism. In the first place, many of the statistics are derived from Lying-in institutions, for patients of the poorer class only, among whom the conditions of life are very different from those which are obtained from among the well-to-do. In the second place, such statistics apply only to the first few weeks of the nursing period, during which the women are under close observation and careful diet and treatment, and we have no means of knowing how many of these women are able to continue nursing, say, for six months or more, or do so, even if able, after they return to their homes. The important matter to determine is whether there is a diminution in the actual ability of women to continue nursing or whether the cessation of nursing is a preventable condition. Exact figures bearing on this are not very numerous and there are none published in Canadian literature.

In every locality where propaganda for reform has been instituted there has been an encouraging increase in the number of nursing mothers. Deneke and Thorn, through the aid of midwives, studied the later history of 32,447 infants born in the Magdeburg district in 1907 outside of maternity institutions. It was found that 83.7 per cent. of these were nursed for at least a time and that in 61 per cent. nursing was continued for longer than two or three months. They conclude from their studies that the great majority of mothers are physically capable of nursing

their children. Hegar is of the opinion that under careful management 60 per cent. of mothers outside of maternities are able to nurse their children. Kriege and Seutermann in private practice found that 77.9 per cent. nursed from five to six months. Koplik in 1,000 cases in private practice in New York found less favourable conditions, only 40 per cent. were nursed for longer than four months. Marfan, on the other hand, estimated as in his own private practice that two-thirds of the women of Paris can nurse satisfactorily and in the other third there is generally a partial power to do so; only about 10 per cent. are actually unable to do so.

The question then of the falling off of maternal nursing feeding can be determined only partially on account of the variation in published statistics; undoubtedly many more women cannot nurse than should be the case among supposedly normal individuals. It is certain, on the other hand, many women who do not nurse are capable of doing so under proper care.

Schwartz of New York demonstrated the importance of supervision of breast-fed infants in 1912. The results of 1,500 cases may be seen from Table 3, where through education and proper social regulations of some 1,500 women he was able to keep 63 per cent. of the babies nursing for a period of nine months. He further observed that many multipara were able to nurse their infants successfully when previously they were unable to do so.

The results of my own observations, extending over a period of two years upon this subject, are summed up in Tables 1 and 2. The cases being divided into three groups: A, Students and nurses, representative of conditions twenty to thirty years ago; B, Private patients representing middle and upper classes, and C, Clinic cases representing the poor of our city. In all, observations were carried out on some 2,079 cases. In Group A the information was obtained through a questionnaire sent to 500 students and nurses requesting them to ascertain whether they were breast-fed or not and if so how long. Accurate and reliable information was obtained from 137. In Group B the information was obtained and recorded in my routine private practice and in Group C the information was obtained from the records of the various prophylactic infant clinics scattered throughout the city. From these figures it will be seen that there was approximately 10 per cent. less artificial feeding twenty years ago, that fully 10 per cent. more mothers nursed their infants for three months twenty years ago and that 50 per cent. more nursed them nine months. Another striking feature is the fact that most of the weaning takes place within the first three months, which is the period during which the most supervision is essential. Of 250 cases that were weaned in private practice 32 per cent. were weaned purely on account of vomiting or green stools or in other words, excessive feeding. Another interesting feature of these figures is the superiority of the clinic class of mothers over those of the well-to-do.

The effect of intelligent instruction upon the influence of maternal nursing may be noted in Table 2, where it will be seen that in the first four clinics, which were the first established, the percentage of nursing mothers is higher than in the more recently established clinics in the newer sections of the city.

Table 3 compares the percentage of nursing mothers among clinic cases with American, foreign and Canadian mothers, and this to my mind is one of the most instructive, for herein should lie our efforts to overcome such a deplorable condition. To my mind there is no excuse and the onus lies first with the physician and nurses, and secondly with the women themselves to see that such conditions be remedied for the good of our future citizens.

Some of the statistics of maternities quoted are at best a clear indication of the general change which it is to be hoped is taking place. The clearly increasing number of women in some of these institutions who now nurse their children, as compared with the conditions a few years earlier, indicates that a similar increase of frequency of nursing is to be looked for in patients outside of the institutions. Certain it is among the more intelligent classes and even among the poorer under the influence of the awakened conscience of physicians and the instruction which mothers receive from the various sources, there is a growing earnest desire of women to nurse their children, and it would seem an increasing frequency of maternal nursing.

This brings us to our last question. What is the cause of the diminution of breast feeding which has shown itself in many regions? Beeng believes that there is an increasing actual physical disability of the mothers to carry on maternal feeding, which he attributes largely to the continual use of alcohol by civilized races. Whatever the cause, there is good reason to believe that there is a physical disability to a certain extent and that this disability may be transmitted by inheritance. Most investigators however, think that the cause of failure to nurse is to be sought rather in the unwillingnes of the mother instigated or abetted often by the advice of nurses and physicians. Hegar expresses this clearly in attributing the inability to nurse to the influence of generations of undervaluing of maternal feeding. The introduction of the numerous methods of artificial feeding led easily to the conviction that nursing at the breast was unnecessary and an onerous affair. Ziegenspeck points out that in Germany, where the preparation of artificial foods and food mixtures has long thriven, dating, as we know, at least from the time of Melhinger, maternal nursing has suffered proportionately.

Among the working classes, undoubtedly poverty is a frequent cause of the desire to avoid nursing. It is often imperative for the mother to work, and she cannot well do this and attend to the infant also. In other cases lack of suitable nourishment for the mother causes a failure in the secretion of milk. The remedies for these difficulties are to be found only in sociologic aid. In other cases it is the complete ignorance of the mothers regarding the importance of breast feeding which leads to gross

indifference in the mother and this applies to all classes of society. Only constant instruction of the people can remedy this. The splendid work of the Consultations de Nourissons founded in Paris and the similar prophylactic baby clinics scattered throughout this city and the many cities throughout the States has by this instruction increased maternal nursing and generally emphasized the importance of the hygiene and feeding of the infant. In the upper classes there is undoubtedly often seen an inability to nurse dependent on the more highly organized and hence more easily disturbed nervous organization of the mother. Here, too, is the influence of early mental forcing, early enjoyment of social life, with late hours and the like. Faulty methods of dressing have doubtless in the past been the cause of many hopelessly depressed nipples.

The numerous stated contra-indications to nursing are more fancied than real; actual contra-indications are few, and physicians should learn to appreciate this fact. Here, especially, the obstetrician who is thoroughly grounded in the importance of breast feeding can be of the greatest assistance since he is so early associated with the mother and can exert a great influence over her. Certainly many obstetricians in the past have paid all needed attention to the mother, but far too little to the infants. This is a reproach often made, but one which I hope is passing away. There can be no good substitute for mother's milk and this the obstetrician should impress on the mother with all his power.

Finally in this connection, it must never be forgotten that inability to nurse or inability on the part of the infant to digest its mother's milk can never be determined by a brief trial. It is only after a prolonged and repeated and again repeated efforts that we can reasonably conclude that weaning is necessary. Here the fault lies with the physician, since they are, as a rule, far too ready to abandon their efforts. The mother is perhaps clamorous for weaning, and it is easy to move in the path of least resistance. Many a time the breast which at first give insufficient milk, will later render an abundant supply, and the infant's digestion, at first much disturbed, will accustom itself perfectly after a while.

In conclusion I think it may be claimed:

1. That Canadian mothers nurse their infants less than do either American or foreign born women.

2. That the well-to-do of this city and environs nurse their infants less than do those of the poorer classes.

3. That maternal nursing is less to-day than it was twenty or thirty years ago in Canada, but in view of recent enlightenment is certainly on the increase.

4. That the infrequency of nursing depends chiefly on the ignorance of the laity and the indifference of the physician. It is our duty as physicians to remedy these evils.

In conclusion I wish to express my indebtedness to Dr. K. C. McKilwraith for suggesting the subject, and to Doctors Smith, Mitchell, McBroom, Ogden, Morrison, Hume, Davis, Bond, Fotheringham and

Tisdale for assistance in collecting the figures from their respective infant clinics, and last but not least to the public health nurses of this city through whose efforts this study has been made possible.

TABLE I.

	Number of cases	Per cent. Artificially fed from birth *	Per cent. Nursing up to 3 Months †	Per cent. Nursing up to 6 Months ‡	Per cent. Nursing up to 9 Months §	Per cent. Nursing over 9 Months
Students and nurses	137	12.4	87.6	84.7	76.6	29.9
Private patients	633	24.0	76.3	46.7	30.4	9.8
Clinic cases	946	16.53	79.65	60.51	31.88	....

* Approximately 10 per cent. less artificial feeding twenty years ago.
† Approximately 10 per cent. more nursing twenty years ago.
‡ Approximately 30 per cent. more nursing twenty years ago.
§ Approximately 50 per cent. more nursing twenty years ago.

Present day nursing figures in comparison with those of over twenty years ago. Of 250 cases weaned in private practice, 32 per cent. were weaned on account of dyspeptic symptoms and the remainder did not have enough.

TABLE II.

Nursing Statistics From the Various Districts in Toronto

	No. of cases	Per cent. Nursing 1 to 3 mos.	Per cent. Nursing 3 to 6 mos.	Per cent. Nursing 6 to 9 mos.	Artificially fed from birth
1. Down Town	175	93.7	65.7	48.0	6.2
2. Central Toronto	41	90.2	75.6	39.0	9.7
3. West Toronto	171	81.2	67.1	52.6	18.7
4. East Toronto	45	93.3	53.3	43.3	6.6
5. West Central	178	74.4	54.5	41.5	25.5
6. North Toronto	136	76.4	50.7	38.9	16.1
7. North West	45	75.5	55.5	33.3	24.4
8. Central Toronto	16	75.0	75.0	18.7	25.0
9. West Central	114	86.8	51.7	17.5	13.1
10. North Toronto	25	80.0	36.0	16.0	20.0

TABLE III.

Comparison of Breast Feeding Results in American-Born, Foreign-Born and Canadian-Born Women

Breast Feeding	American Mothers Percentage	Foreign Mothers Percentage	Canadian Mothers Percentage
One to three months.....	83	88.1	79.6
Three to six months.....	63	77	60.5
Six to nine months.....	63	70.3	31.8

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End Results of the Various Disabilities of the Returned Soldier

By Captain E. Hobart Reed

Medical Officer Ogden Military Convalescent Hospital, Calgary, Alberta

(Read at the meeting of the Alberta Medical Association, Sept. 21, 1916)

In dealing with this subject we may place such disabilities into two general groups, i.e.: 1. Medical, and 2. Surgical; and as a subdivision of the first, the *Mental*.

In the first group, the profession has been called upon to deal with a condition of which before the advent of the "Kultur of William" we have had a very meagre and superficial experience. I refer to those men who have been "gassed" and more especially to those who, in the early days of the war, fell victims to the chlorine gas. I perhaps should not say it was definitely chlorine, but in any event the physical properties of this noxious vapor very closely resembled those of chlorine. As to the acute stage of the poisoning, I can only give you the experience of some of those who survived. The prognosis depended very definitely upon the amount of gas inhaled, and on its composition. The period of suffocation and prostration are practically synonymous, in some cases the gas is taken into the stomach as well as the lungs and necrosis of the mucous membrane with the attendant lack of secretion in the severe types, and the hypersecretion in the milder cases, soon follows. The treatment is chiefly symptomatic and supporting and the patients are sent to the convalescent homes as soon as their condition will permit. It is here that the opportunity for observing the after-effects is available. More or less discussion has been raised from time to time as to the proper locality for these patients to put in their period of convalescence. My personal opinion last January was that these men would do better at sea-level; several men were transferred to the Naval Hospital at Esquimalt, British Columbia. Some of these seemed to do well, while others were not benefited by the change. The most marked improvement occurred in those cases where "Shock" was a prominent feature. When these men first arrived at Ogden, it was noted that practically all were suffering from aphasia to some degree, and as one man expressed it, "I can only get out a word now and then but I have the answer ready as soon as you finish the question." Cyanosis and dyspnœa were always present when under excitement and exhaustion followed the slightest exertion; clinically very little could be made out; there are always numerous rhonchi present with no impairment of resonance. Skiographic examinations revealed only slightly thickened pleura and prominent bronchial glands most noticeable in the mediastinum. One sequela of this condition, noticeable by its absence, is tuberculosis; in none of these cases have I been able to find any sign of this infection. These patients, as their condition

improves, increase in weight, but their strength does not begin to return in the same ratio. Outside the shortness of breath on slight exertion in the neurotic phase seems the most persistent. Some of the men have been under observation for over nine months and while improvement has taken place, I know of none, up to the present time, who are fit to be taken on again for overseas service. The periods of dyspnœa and cyanosis have lessened and a slow general change for the better is evident in all, but it is impossible to say at this time what the final degree of recovery will be. A great deal of work will be done and is being done, but I think the best results have been obtained by the general use of respirators and masks, which emphasizes the old saying that "an ounce of prevention is worth a pound of cure."

With reference to pulmonary tuberculosis, very few men were returned during the early part of the war suffering from the disease. During the last eight weeks this form of disease has constituted nearly 50 per cent. of disabling conditions which have been sent into Military District No. 13. There may be two ways of accounting for this; in the first instance it is very probable that many men, when enlisted, may have been suffering from this malady in the incipient form. Far be it from me to cast any reflection upon the medical officer who may have passed these men as fit, for the physical examination of the recruits, while it is as thorough as possible to make in the time at one's disposal, obviously does not include an examination of either the urine or sputum. Even were either of these accessible, it is a very easy matter to overlook these items when the physical signs do not arouse suspicion. Again, the large majority of men, while in training and under canvas, show a marked improvement in their general health, and it is not until they are at the front and have been through one or two winter campaigns in the trenches that their powers of resistance are taxed to the utmost and the trouble makes itself manifest. Pneumonia and pleurisy are easily contracted, and with the lowered resistance brought on by privation and exposure, we may look for a large number of these cases before the end of the war.

In dealing with the *Mental* condition we may again divide this subdivision into two classes; there are those that are classified as "shell shocked" and this term covers a very wide field; then again there are the insane. I am of the opinion that many of the insane would have stopped at the stage of "shell shock" were it not for the determination of the men to "carry on" until they fall victims of complete nerve-exhaustion or actually reach the stage of insanity. In the "shell-shock" cases, loss of memory is a prominent feature which, however, shows satisfactory improvement under favorable conditions. The same may be said of the insane, only in this instance the period of convalescence is longer; such recoveries as have occurred in these shock cases are recent, but it is very doubtful if any of the patients in the two classes just mentioned would be considered fit to be taken on again for overseas service.

The *Rheumatic* conditions generally make their presence known after a few weeks in the training camps, in this instance I refer to both types, feigned and real. The percentage of returned men thus far suffering from rheumatism has been comparatively small.

The *Surgical* conditions constitute the major portion of the disabilities of the returned soldiers. The character of these wounds has been changed from time to time, as is noted, for example, by comparing the number of shrapnel and gunshot wounds of the skull six months ago, and at present. This again is in all probability due to the wearing of metal helmets by the men in the first lines of trenches. These cases do well, and it is to the credit to those who first handle these men in the dressing stations and clearing hospitals that the primary infection is not fatal. Too much praise cannot be given to them when one stops to consider the many difficulties under which they are carrying on their work. Practically all the wounds are healed when the man arrives in Canada and practically all are infected when they fall into the hands of the medical officer in the field.

The explosive and reversed bullet were very popular with the German until he began to receive them.

It is the wounds of the face and extremities that offer the largest fields for reconstructive surgery. I shall not attempt to enumerate the many original and skilful bits of repair work that have been done, especially by the French, but will deal chiefly with the deformities as they exist and the means that are being used to combat them. This brings us to the system of Remedial Exercises which is being carried out in all the hospitals, both in Europe and in Canada. One of the most useful pieces of apparatus is what is known as the *wall rack*, which consists of a wooden frame divided into three sections firmly bolted to the wall, which will accommodate three men; the men are placed in this frame where contracted and atrophied muscles can be stretched and developed. The exercises can be made as light or as strenuous as the case requires. Not a few men have been returned to active service, while others have been taken into what is known as the special service battalion, where they can do clerical or other light work, thereby releasing men who are fit to go to the front. The results, as a whole, have been encouraging and much more may be looked for from this system in the future. About six months ago it was known that Germany was returning from 85 to 92 per cent. of her wounded to service, while the English and Canadians were returning from 15 to 18 per cent. This led to the adoption of a gradual system of physical training of the returned men, whereby a large number of what were before useless men from the physical standpoint are now able to "carry on." From the present indications, it would appear that outside of the men who are minus an arm or leg, the largest percentage of casualties who will be able to re-enlist will be those who have suffered from surgical conditions as compared to the gassed patients.

In the treatment of wounds, medical gymnastics is very useful:

1. In preventing the formation of the scar interfering with the function of the limb, as well as in avoiding the stiffness in the joints of the wounded member.

2. In maintaining the muscular system of the region.

3. In preventing the fixation of a nerve in the scar. In case this has been freed by surgical intervention it is necessary that medical gymnastics be applied with the shortest possible delay.

Motor re-education, that is to say, the re-education of the muscles and of the segments to their normal action, medical gymnastics adopts itself perfectly to the needs and to the capacity of the individual. Day by day, it can be modified and adapted to all phases of re-education. The moral and physical influences springing from the suggestion created by the movement are themselves a great influence in these cases. Medical gymnastics can, in effect, frequently restore to the patient, confidence in himself and his forces.

We now come to the subject of *Vocational Training* and we at once realize that the future of the wounded depends upon the direction of the activities of the man towards some particular trade. Too great care cannot be taken in this regard and one cannot be guided alone by the man's previous experience, but by his physical and mental capacities. His general psychic condition will determine the diminution of his former personal value which is the result, often unsuspected, of the wound. Very exact information of this initial condition of the invalided soldier, and his probable degree of improvement, is due alike to him and his employer.

As a general rule it will be the purpose of the Vocational Department of the Military Hospitals Commission to extend the man's knowledge of his trade to a higher state of preparation, adding to his practical knowledge enough of the theoretical to make him more valuable in his particular line of endeavor; others again must be taught a trade where before they were unskilled laborers.

The problem confronting the Survey Board who pass upon the condition for re-education is a heavy one and the responsibility is great, for not only do they find it difficult to persuade the prospective student to take up the line of work they find him best fitted to perform, but too often we are confronted with the inclination of the man to cast aside all opportunities for re-education to accept some "job" with no assurance of its being permanent when all it has to recommend it is the fact "pays good money."

Our problem of mobilization has been a large one in this great and devastating war—and it is not yet finished—and yet before the end is even in sight we are confronted with even a greater one, that of demobilization. The vastness of the latter is only just beginning to dawn upon us, but when we realize as did Dr. Mewburn when he said in one of his letters: "We will win this war—but our sorrows will be great and most

of our male population will be cripples," we begin to see that the time when we can again feel that we are once more back where we were prior to August, 1914, lies far in the future.

—*Canadian Medical Association Journal.*

Editorial

This is the season for the annual meetings of the many societies all over the country, and new officers elected for the work. It seemed a suitable time to ask the members of these organizations if they have any realization of just what being an officer means. It means, first of all, adding one more burden to the already busy life, for it is usually the case that the busiest women are the ones who do the work and who are willing to take office. The hardest part of being an officer is the meeting of so much criticism on the part of other members. Honest criticism with a real desire to help is always a thing to be wished for, but there is just one question the critic should ask herself: Am I ready and willing to take the office and do the worry? If she feels that she can, then only is she justified. The officer is probably only doing her duty in the best way, according to her light and, after all, one can only do one's best.

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By the time this magazine goes to print the conventions of the Superintendents of Training Schools and the Canadian National Associations will just be over. We hope, in the July issue, to print the report of the Canadian National Association in full, so those who, in this busy year, could not come may get the closest account of the proceedings.

Letters to The Editor

Villa Riddett, Cannes, Feb. 16, 1917.

Dear Kind Association Friends:

Since the arrival of 38 lovely cases, a few days ago, it has been my happy task to distribute numbers of things and bring a little relief to much suffering, and as always, my gratitude heartily joins itself to that of the recipients.

I am thankful to have been able to get into touch with a devoted English lady, who is now doing night duty at that most forlorn of all hospitals, the Consumptive Hospital, at Mondelicu, and have sent her in-

dividually many comforts from your cases. She says: "It is pitiful to see the poor men, many of them dying, gasping at night for lack of extra pillows." All that the hospital can provide are very uncomfortable bolatres. From a quantity of squares of ticking which came in some cases some time back, and labelled "bed-pan covers," and which are not needed as such, we are able to make good pillow tickings, which we fill with scraps, vegetable, horsehair or anything we can find, so that Mrs. Lowry will be enabled to give a little comfort to some of the worst cases. Pyjamas, some of your beautiful flannel shirts and socks, have also given great comfort in this terrible place. Of course, many of the cases are hopeless when sent there, and all one can do is to give a little relief during their last days or hours. The military administration has just been changed, and a nice kindly man seems to have come to fill his post, but of course without outside help few comforts can be provided. They, the patients, are deeply grateful for all that is done for them. Many of the lovely bags sent by the Alumnæ are going there, to be personally distributed by Mrs. Lowry, to men who are unable to get into touch with their families, or receive either help or comfort from them, being of course from the invaded districts.

My special work that I have in hand at present is in concert with several other ladies here (the Marquise de Mores, Lady Waterlow and Mrs. Saunders, the wife of one of the English doctors) to endeavor in some degree to improve matters in the Children's Hospital (Les Ansucarias). It is very up-hill work, but I think we shall be able to accomplish if we are enabled to instal an excellent English nurse, and pay her fee. This, I think, we shall compass. I have also another young lady who will, probably, at a modest salary, give valuable help. I only wish I could paint for you in sufficient vivid coloring, the state of things there at present. Oh! friends of children (and who is not?), to see those poor little sufferers, some of them far gone in consumption, patient, lying there, with hardly any comforts (except what you and a few other kind friends have provided) is heartbreaking.

In an utterly unsuitable cottage, which is all that can be found for the tubercular cases, nobody being willing to let for that purpose, there is a sweet child of 13 years dying. When we asked her what she would like to eat, or rather what nourishment she would like to take, she only patiently said: "I can't eat now, it hurts my ears too much" (glands, of course); but she presently gasped, "I would like a little book to read." Needless to say, I am sending her some, from your Association Fund, though I doubt she will be in this world many days to read them. Her name is Marcelle. In the same room with her was a tiny tuberculosis baby of about two years old, a pitiful sight, too. In every room suitable, at the outside, for two beds, four, five or six beds are installed; and over the staircase, in what I took to be a lumber closet, we were told "That is where they put them when they are dead." It matters little to them, the poor angels, but still it shocked us. However, it is not entirely the fault of the Administration, because, as I remarked before, it is extremely

difficult to find people who will let houses for such cases. Thanks to your liberality, I have been able to send them quantities of sheets, night-gowns, pillowslips, and perhaps at the present moment the most valuable of all, extra nourishing foods. The brighter side of the dark picture is that greatly thanks to this, several children are making good progress, amongst others, the poor little girl Georgette, who a few weeks ago, through ulcerated legs, could neither stand nor walk, can now get about.

A new scope for the usefulness of your kind gifts I have now found in a new military hospital at Rhodez, South-west France, a bleak place just on the borders of the great Landes (moor land). Here an excellent Australian nurse, and an English Red Cross Nurse, who were for a time at the Park here, are installed, and they have written me about it. They have added greatly to the comfort of their patients by some of your rubber cushions, hot water bottles, etc. I have also sent a case of every sort of garment that I happened to have on hand. As it is a hospital which will be mostly devoted to severe surgical cases, your beautiful dressings, compresses, etc., will also find their way there in considerable numbers, and you will in due time receive their acknowledgments.

All our helpers here are well, and as usual doing good work. I had an amusing tea party on my terrace yesterday, consisting of 5 very big Russian warriors, under the convoy of Mrs. Weller, whose patients they are. They were fine specimens of the race, in their high Astrachan caps, and big boots. Only one could speak a few words of French, but they were so quick in understanding us that conversation did not languish (!!). They very much enjoyed very weak tea, buns and small iced cakes, but I am not sure that the bread and butter, butter being an unobtainable luxury in the hospitals, was not more appreciated than anything else. I think that what they most enjoyed was playing with my little granddaughter, Rosamond Dargan, aged 4, who distributed to them tiny buttonholes, picked by herself, and packets of cigarettes. They all insisted upon carrying her around the garden and could hardly make up their minds to part from her. A pathetic little incident was that one of them, a rather elderly man, who carried her about, was seen kissing her little hands, and he explained to us through Mrs. Weller that he had three little children in Russia, the youngest born just before the war. He has had no news of any of his family ever since. The tears welled up in his eyes as he told us this, and they were not very far from our own.

May your shameless beggar ask for some soap, shirts, George Washington coffee, and if not asking too much, some rubber sheeting. We are nearly out of this inestimable treasure, and soap here is becoming a commodity that will soon be very hard to get. A few more sheets for the Children's Hospital would be most gratefully received.

The bed-pads of the last sending are invaluable. I was amused in the Children's Hospital at finding the poor mites lying on some, and covered, as with counterpanes, with others; and this reminds me to give special thanks to the makers of the charming quilts in cheese cloth tufted

with wool, included in the last sending, and which will also find their way to the Children's Hospital.

For the summer we shall need cotton under-drawers for the men, and light-weight socks. I often send to men at the front, or prisoners, different things from your cases.

I shall keep you informed as to what success we have in ameliorating the Children's Hospital.

I have received by parcel post a fine parcel of slippers. They are simply flying out, right and left. The gauze handkerchiefs are giving great comfort to the consumptives.

I forgot to say in the proper place that to hear Mrs. Weller and Miss Buckley fire off long sentences in Russian to our visitors of yesterday was perfectly astounding.

Your sincere and grateful friend,

(Signed) AVISE E. M. RIDDETT.

ANNOUNCEMENT

Nurses and Women intending to take a course in Medical Gymnastics and Massage will find that New York School of Medical Gymnastics and Massage gives an excellent course. The school trains its pupils particularly in post-operative work which is the branch of massage greatly in need for the home-coming soldiers. The fracture massage work at the best hospitals in New York City is being done by pupils and graduates of the school. The work for infantile paralysis patients is also a great item of the student's study, as well at the school clinic as at the hospitals. A fine outfit of electric machines has been bought this year and the students that desire this work can obtain a most interesting training in same during the three months. The faculty comprise several doctors and the teaching staff consist both of doctors and women trained in Medical Gymnastics and Massage. For all further inquiries, address Registrar's Office, School of Medical Gymnastics and Massage, 664 Lexington Avenue, New York, N. Y.

IN HOSPITAL

I lie in a bed both warm and dry,
And watch the snowflakes driving by.
The frost on the windows is forming fast;
The wind howls by in an icy blast—
And I think as I look at the sheets so white—
God pity the boys in the line to-night.

In Hospital, France. —R. B. M. W., in London Express.

Any life that is worth living for must be a struggle, a swimming, not with, but against the stream.—DEAN STANLEY.

Chief Superintendent's Annual Report, 1916

(Continued from last month)

The work in the districts and hospitals throughout the Dominion has been very satisfactory, but I wish to run through the various branches, touching on a few of the outstanding facts during the year, concerning them. I trust that the meeting will hear more fully from their representatives, as the local coloring means so much to a proper estimate of the work. Starting in the Maritime Provinces, there are six branches in Nova Scotia and one in New Brunswick. Canso has had a particularly good year,—reporting 1,707 visits, an increase of 565. School nursing is now a regular part of the work there. The Principal of the schools sent a very gratifying report on the splendid results to the local committee. The committee are planning to hold a "Better Babies Contest" this spring. Sydney, including Whitney Pier, has had a busy year,—an extra nurse has been added to the staff. The Truro district as usual reports a good year, notwithstanding the many changes in nurses. Two nurses are employed, and do the town and country nursing as well as the school work.

The President of the Halifax Branch states in her report that the year 1916 has been in most respects the most prosperous year in their history; 9,892 visits were paid, an increase of 1,903 visits. A sixth nurse was added to the staff during the year. Out of 1,679 maternity cases in the city, six hundred were cared for by the Order of Nurses. Again Dartmouth reports a good year,—an increase of 2,165 visits. The increase in pre-natal and child welfare visits is well worthy of notice, as well as the increase in school nursing visits.

Yarmouth has had a very busy year,—2,193 visits are reported,—an increase of 279. This branch had a very successful Better Babies' Contest in the fall, which has had a marked effect in making the people realize the importance of child welfare activities.

The St. John Branch is the only representative of the Order in New Brunswick, but it is a worthy one. This branch has just closed a good year, notwithstanding the changes in the nursing staff and the long delays in filling vacancies, due to the shortage of nurses; 7,215 visits are reported as against 5,885 last year. An important step has been taken by the committee in securing more comfortable and more commodious quarters for the staff. This is the prelude to the securing of a Home for them.

In Quebec there are nine branches: Harrington Harbor, Montreal, Lachine, Westmount, Gaspé, Ste. Anne de Bellevue, Charlevoix, Sherbrooke and Grand Mère.

The Harrington Harbor Hospital, Labrador, has remained open and is doing good work as always. The Lachine branch has had a very successful year, have added a second nurse to the staff and are arranging to take up school nursing. Westmount has added a second nurse to their nursing staff. The Hospital Social Service nurse in the Western Hospital is supported by the Westmount Association, and is doing excellent work. The Grand Mère branch is doing very satisfactory work, though there have been several changes of nurses during the year there. The two nurses made 3,070 visits,—an increase of 983. The country district at Gaspé had a good year, and the Charlevoix district (Murray Bay, Pointe au Pic, etc.,) reports a very satisfactory one. The Sherbrooke branch has had an exceptionally good year, 3,421 visits were made—an increase of 544. The increase in the Child Welfare and Pre-natal work is very gratifying, viz.: 169 more Child Welfare visits and 109 more Pre-natal. School nursing, too, has become a settled part of the work of this branch, and excellent results are reported already. The Ste. Anne de Bellevue branch is very satisfactory. Miss Houghton, the very capable nurse who opened the district five years ago, is still in charge, and is thoroughly appreciated by committee, doctors and patients; 1,388 visits were paid this year as against 1,091 in 1915.

(Continued in next month's issue)

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

Hospitals and Nurses

NEW BRUNSWICK

The graduating exercises of the Chipman Memorial Hospital Training School for Nurses was held at the Council Rooms, St. John, on April 23rd. Mr. G. W. Ganong, president of the Hospital Board, occupied the chair. Rev. Dr. Goucher opened the meeting with prayer. Dr. E. V. Sullivan gave an excellent address to the nurses. Mr. James Vroom presented the diplomas to the graduating class. Beautiful bouquets of roses and carnations were given to the graduates by the Medical Staff. A fine musical programme added to the enjoyment of the evening. After singing the National Anthem, an informal reception was held. Miss Clara M. Boyd, Assistant Superintendent, has sent in her resignation to take effect the first of June.

Miss Helen S. Lambert, graduate of Burband Hospital, Fitchbury, Mass., has been secured to fill the vacancy.

The engagement has been announced of Miss Mary Porter, Class of '13, C. M. H., to Mr. Percy Hauson, of Milltown, N. B. The marriage will take place early in the summer.

Mr. and Mrs. Robert Hetherington, of Cody's, N. B., announce the engagement of their daughter Margaret A., Class of '10, C. M. H., to Mr. Harry MacIntyre, of Sussex, N. B. The wedding will take place in the fall.

Miss Mary Porter, head nurse of the operating room, is leaving in June, and Miss Myra R. Johnson is coming to take her place.

Miss Janet L. MacBeau, '17 C. M. H., has accepted the position of night supervisor at the Aberdeen Hospital at New Glasgow, N. S.

Miss Enid MacIntyre, of C. M. H., has been accepted for overseas service.

NOVA SCOTIA

Miss Woodbury, who has been assistant superintendent for some months at the Victoria General Hospital, is leaving shortly for her work in the Grenfell Mission, Labrador.

A large number of Canadian nurses are booked to sail from Halifax shortly, several sisters from the Station Hospital, Halifax, being amongst the number.

Miss Tait, head nurse of the V. O. in Halifax, is leaving shortly for overseas work. Her many friends wish her every success in her new work.

Miss Siebert, of the V. O., has resigned and leaves in a short time for her home in Michigan.

The Glee Club, consisting of the staff and patients of Pine Hill Convalescent Home, is giving a concert this week.

The last meeting of the N. S. G. N. A. was well attended. A very interesting address was given by Mrs. Sexton, her subject being "National Service for Women."

Miss Pope, matron of the Station Hospital, has been granted leave of absence, on account of recent illness.

Miss Cameron, matron of the hospital ship Letitia, was in Halifax this week; also several other Canadian sisters who are on the staff of the hospital ship.

Miss Twiddy, of the staff of the Canadian Hospital Ship, who has been in Halifax on sick leave, is leaving shortly for overseas.

Sister Doyle, of the Station Hospital, is acting matron while Miss Pope, the matron, is away.

Sisters Burton and Larkin went out on the hospital train this week.

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QUEBEC

A cable has been received from Miss E. Stewart and Miss Ord, C.A.M.C., of their safe arrival in London, England.

Miss Gladys Van is leaving presently for overseas service.

Mrs. McLennan entertained at tea, recently, in honor of Mrs. Holmes, secretary-treasurer of the Eastern Townships Graduate Nurses' Association, who is leaving town to reside in Toronto.

R. V. H. Alumnae Association, Montreal

Nursing Sisters Gertrude Squire (Class of '09) and A. Dussault (Class of '10) are home on leave. The former has just returned from Russia. She was in Petrograd during the revolution and will have many things of interest to tell us. Miss Dussault has spent the last sixteen months continuously as a casualty clearing station, so has seen service, one may say, on the firing line. Miss G. Usborne (Class of '14), is at her home in Toronto on sick leave.

Nursing Sisters H. A. Pomeroy (Class of '16) D. M. Sanderson (Class of '16) and Mabel Clark (Class of '15) sailed from Montreal for overseas on May 31st. They are with the C. A. M. C. The party are

in charge of Miss Tait, an English nurse who has been doing private nursing in Montreal for some years.

The Matron of a Canadian Hospital in England was recently operated on by Dr. Armstrong, chief surgeon of the R. V. H., Montreal, now on service in England. The nurse in charge of the operating room at the time was Miss Kendall (Class of '16).

MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

Miss K. S. Brock, of Sherbrooke St., who has been spending the past year in Toronto, Ont., has recently paid a visit to her home here.

Misses M. McLeod, Paget, Moss and Sharp sailed for overseas duty on May 31st.

Nursing Sisters Ruth Loggie and Eveline Whiting have been on leave in England, from France.

Miss M. McLeod, (Class '16) was entertained at a social evening on May 22nd by the Session and Soldiers' Aid Society of Knox Presbyterian Church. An address was read and a silver wrist watch presented to Miss McLeod prior to her going on active service at the front.

Our sympathy is extended to Nursing Sister Clare Gass in the loss of her brother at the front. Another brother of four serving their King and Country, had a foot amputation after severe injury.

We also sympathize with Nursing Sister Molly McDermott, whose brother Edward has been seriously wounded, one of five brothers on active service.

These two families deserve credit for the part they are taking in the great war.

Mrs. A. J. Henderson has been made Matron of the Military Hospital on Drummond Street.

A quiet but pretty wedding took place on Thursday, April 12th, when Miss Lena France, of Montreal, was married to Alexander Sproule, M.D., of Applehill, Ont.

The ceremony was performed by Rev. H. S. Lee in Fairmount Presbyterian Church. The bride who was given away by Mr. Ward, of Ottawa, wore a gown of white charmeuse and georgette crepe, with silver lace and pearl trimmings. Her veil was of tulle, arranged in mop-cap effect, with coronet of orange blossoms. She carried a shower bouquet of roses and lilies of the valley. Miss Maisie Mellis was bridesmaid and wore a gown of pink crepe de chene with a pink tulle picture hat, and carried pink carnations. Little Helena Splane acted as flower girl, dressed in pink mull, and scattered pink rose petals in the bridal path. Mr. McMartin was best man. Immediately after the ceremony Dr. and Mrs. Sproule left for Toronto and other points. They will reside in Applehill, Ont. Mrs. Sproule was a recent graduate of M. G. H.

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ONTARIO

Mr. and Mrs. John A. Gilmore announce the marriage of their sister, Jean, to Mr. Henry Forman Cook, on Wednesday, April 25, 1917, Marshall, Texas.

Miss Jean Gilmore is a graduate of Victoria Hospital Training School, London, Ont., Canada, Class '09, and has been superintendent of the Kalm Memorial Hospital, Texas, for several years.

The following nurses graduated at the twenty-eighth graduating exercises of the Kingston General Hospital, May 8, 1917: Misses Ruby Chandler, Norwood; Mildred Culla, Kingston; Gertrude Smith, Windsor; Mary Boyce, Pembroke; Meryl Wright, Portsmouth; Jean Kines, Milverton; Mary Fife, Indian River; Gertrude Murdock, Cobden; Lulu Loudon, Dixon Corner's; Ruth Percival, Mountain; Gertrude Simes, Lyndhurst; Mary Howes, Godfrey; Norma Johnston, Moscow; Olivia Wood, Kingston; Pearl Martin, Morewood; Eileen Bradley, Kingston; Pearl Matthews, Roseneath. After the Florence Nightingale Pledge had been taken by the class, the diplomas were presented by Mr. F. H. Lockett, and the pins by Mrs. H. T. J. Coleman, president of the Hospital Woman's Aid, and Mrs. R. E. Kent.

Misses Brown, Pollock and Carson, all graduates of the G. and M. Hospital, Owen Sound, Ont., are on duty overseas at the Orpington Hospital.

The graduating exercises of Owen Sound G. and M. Hospital took place recently. The members of the graduating class who received medals and diplomas were: Miss Millie Evans, Miss Hazel Falls, Miss Marie Smith, Miss Isabelle Henderson, Miss Lillian Thompson and Miss Harriet Warner.

Miss Lillian Thompson is to be congratulated, having won the "Hershey" gold medal for obstetrics.

Much sympathy has been given to Mr. A. M. Carthen, manager of the Bank of Hamilton, Blythe, Ont., on the sudden death of his wife. She was Miss Ethel McIntyre (T. G. H.). The funeral took place at her mother's residence, Owen Sound.

Miss Louise McDermott, graduate of St. Joseph's Hospital, Sudbury, has been appointed superintendent of the General Hospital, Blind River, Ont

Miss Gertrude O'Brien, graduate of St. Joseph's Hospital, Sudbury, has accepted the position of head night supervisor at St. Joseph's Hospital, Sudbury.

A complete X-ray machine is to be installed at St. Joseph's Hospital in a few weeks.

Miss Rose Casserley, graduate of St. Michael's Hospital, is home for a visit from the Hamilton Hospital, Hamilton, Montana.

The marriage took place in White Temple, Palm Beach, Florida, of Miss Eleanor Griesbach, of Collingwood, Ont., to Mr. J. J. Dolbs, of Miami, Florida. After spending two weeks with the bride's parents they will reside in Cleveland. Miss Griesbach was a graduate of G. & M. Hospital, Collingwood, Class 1914.

Miss Ruby Akitt, Class 1914, Graduate of the G. & M. Hospital, Collingwood, is in Toronto with Miss Mabel Webber and Miss Maud

Wiggans, who are graduates of Grace Hospital, Toronto. They expect to leave soon for overseas with the C. A. M. C.

Miss Annie Allan, graduate of the G. & M. Hospital, Class 1908, left for Overseas with the C. A. M. C. early in March.

At the General and Marine Hospital, Collingwood, Sunday, April 8th, to Mr. and Mrs. Fred Watts, a son (nee Miss Wood, Class 1914).

Peterboro—At the regular meeting of the Nicholl's Hospital Alumnal Association, letters in acknowledgement of Christmas boxes were received from the following nursing sisters: Mrs. Millar, Miss Beamish, Mrs. Douglas, Miss Mowry, Miss Reid, Miss Hill, Miss Roberts, Miss Willison. Al reported good health, busy, and enjoying their work.

Miss Ethel Davidson and Miss Mildred Drope are at Kingston, accepted for overseas service. Miss Kemp is taking a course of training in Toronto, preparatory for service overseas. Miss Kennedy, who has filled the position of school nurse so acceptably in Peterboro, has gone overseas with the last unit. Miss M. Hamner is in England, visiting friends. Miss McCallum is head nurse in Port Hope Hospital. Miss M. MacGregor has been appointed night supervisor. Miss Phinn, who has been in charge of the Nicholl's Hospital operating room, is leaving to take a position in the military hospital, Kingston. Miss Grace Burnham has also been accepted. Miss Graham has been appointed to succeed Miss Phinn in the Nicholl's Hospital.

Miss Jory has succeeded Miss Kennedy as school nurse for Peterboro.

Miss Spiers and Miss McGowan have made application for overseas service.

Our sympathy is extended to Miss Burgess in her recent sad bereavement.

At the March meeting of the Peterboro Chapter, Dr. F. C. Neal read a most interesting and helpful paper on "Blood Pressure."

Miss Grace Crowe is appointed school nurse in Biwakik, Minnesota.

The Kitchener-Waterloo Hospital Training School for Nurses, Kitchener, Ont., held its graduation exercises, on Friday evening, May 11, 1917.

The six nurses in graduating class were: Miss Katherine Cluthe, Miss Nora Woolner, Miss Jean Reynolds, Miss Margaret Murray, Miss Corina Fleming.

A large and interesting audience was present. The chair was occupied by Mr. J. B. Hughes, president of board of directors.

Dr. T. A. Callahan addressed the graduating class and administered the Florence Nightingale pledge.

The guest of the evening, the Hon. W. D. McPherson, provincial secretary, gave a splendid address.

Miss Murray was presented with a club bag, the gift of Dr. H. M. Lackner, for highest marks taken in surgical technique.

The nurses received cases of instruments from the board of directors, also rubber goods and books from the hospital auxiliaries.

At the close of the exercises a social hour was spent.

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ALBERTA

The Royal Alexandra Hospital, Edmonton, gave diplomas to the largest class that has graduated from it. Twenty nurses after taking the "Florence Nightingale" pledge were presented with medals and diplomas. These were presented by the Mayor to Misses Mildred Allen, Josephine Salter, Maude J. Taylor, Margaret McKinnon, Margaret Manuel, Lillian Lawrie, Mazo G. Stewart, Ethel M. Gimby, Annie M. Pritchard, Laura C. Alleyn, Kate Brighty, Maggie J. James, Florence A. Adam, Lelia Clarke, Evelyn Malloy, Alvina D. Engelcke, Gladys Thurston, Margaret Irving, Sylvia Magoon, Frances K. Smith. Reference was made in the report of the superintendent Miss Campbell to the recent death of Miss Gilmour, the former head of the hospital. Miss Mildred Allen received the prize for the highest marks; Miss Pritchard for proficiency in bandaging; Miss Adair of the Intermediate Class, a book on Nursing as prize for proficiency, and the prize which went to Miss Alece Keith of the Junior Class was a year's subscription to "The Canadian Nurse." A reception followed the graduating exercises.

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BRITISH COLUMBIA

Misses Whitlock and Howard, Victoria, have been appointed to the staff of the Workpoint Hospital.

Mrs. A. L. Carruthers, Victoria, has gone to live in Prince Rupert.

Miss Clover Walker, graduate of the Royal Jubilee Hospital, Victoria, B. C., has left for active service with the C.A.M.C.

Realizing the urgent demand for more Red Cross nurses at the front and anxious to do their bit along with thousands of others in caring for the wounded, five members of the official staff of the Vancouver General Hospital and four other graduates of the same institution will leave the city this evening, en route to England, where they will place their services at the disposal of the military authorities. About thirty additional graduates of the Vancouver General Hospital are now serving at Saloniki and other fronts, where they have rendered valuable aid in the hospitals.

Eight of the nine nurses scheduled to depart overseas served their three-year course of training at the Vancouver General Hospital, Miss Forrester of Ladysmith being the only exception. She commenced her career at the Chemainus Hospital and completed her final year, before graduating, at the Vancouver General.

The five who volunteered their services from the official staff of the local institution are: Miss Shand, South Okanagan; Miss Robson, 415 St. George Street, New Westminster; Miss Eden Pringle, Roslind, Man.; Miss Forrester, Ladysmith; and Miss McLaughlin, High River, Alta.

The other graduates are: Miss Rice, Ireland; Miss O. Dunton, Edmonton, Alta; Miss G. Bruce, Stephenfield, Man.; and Miss Aleole Perry.

All of the nurses, with the exception of Miss Forrester, have lived here for many years and are well known in the city.

On May 30th the graduating exercises of Class 1917 of the Training School for Nurses of the Vancouver General Hospital, took place in the University auditorium, Vancouver, B. C.

A prayer was offered by the Rev. Mr. Mitchell, followed by a short address by Dr. C. H. Gatewood, who occupied the chair and who presented some interesting figures to the notice of the audience. Among them were the facts that about seventy-five probationers attended the hospital every year, and that fifty-five of the graduates from the hospital are now overseas.

In his address to the graduating class, Professor Sherrard of the University of British Columbia, showed the evolution of the nursing profession from a position once considered of little moment to that which it occupies to-day. The Doctor urged the graduates in all things to keep fit. "Physical fitness makes for efficiency as nothing else can do."

Dr. J. W. McIntosh gave a short address to the nurses, especially referring to the equal franchise as a means of further rendering aid to the profession.

Diplomas were then presented by Mrs. William Murray, President of the Women's Auxiliary of the Vancouver General Hospital, and medals by Miss Shover, President of the Girls' Auxiliary. The list of graduates is as follows:

Miss Margaret I. Reid, Central Park, B. C.; Miss Audrey Bond, Vancouver, B. C.; Miss Lotti Scarleti, Central Park, B. C.; Miss Celia Johnstone, Aberdeen, Scotland; Miss Molly Lytie, Pitt Meadows, B. C.; Miss Mabel Reade, Vancouver, B. C.; Miss Adele Cooper, Vancouver, B. C.; Miss Veronica Page, Matsqui, B. C.; Miss Laura Fuller, Vancouver, B. C.; Miss Olive Dunton, Cartwright, Man.; Miss Maude Laird, Carrick-on-Shannon, Ireland; Miss Violet Barkett, Westholme, V. I.; Miss Jean Anderson, Vancouver, B. C.; Miss Helen Burnside, Vancouver, B. C.; Miss Jean Mutch, Toronto, Ont.; Miss Lily McTavish, Vancouver, B. C.; Miss Maud McLennan, Vancouver, B. C.

Dr. R. E. McKechnie, after a brief address, in which he congratulated the nurses on their success, presented the special prizes. Miss Cecelia Johnstone was awarded the McKechnie gold medal for general efficiency; Miss Lily McTavish the Seldom prize for surgery; and Miss Audrey Bond the Glen Campbell prize for ophthalmology. Mayor McBeath closed the proceedings with a few appropriate remarks, after which dancing was enjoyed until midnight.

Nursing Sister Margaret Motherwell, a daughter of the late Canon Motherwell, of the diocese of Niagara, has been decorated with the Royal Red Cross of the first class for distinguished service in France.

Births

MOORE.—To Mr. and Mrs. E. Moore, of Glenburnie, on April 20th, a daughter. Mrs. Moore was Miss Kathleen Blacklock (K.G.H., 1913).

DAWSON—On April 17th, 1917, at Wellesley Hospital, Toronto, to Dr. and Mrs. Dawson, Maple Creek, Sask., a son. Mrs. Dawson was Miss Nora Smith, graduate Grace Hospital, Toronto.

YOUNG—At Toronto General Hospital (private pavilion) on Saturday, May 26th, 1917, to Major and Mrs. Newton M. Young, a son (Newton Berkeley). Mrs. Young was Lella Cassels, Class of 1915, T.G.H.

MACMILLAN—On Wednesday, May 23rd, 1917, at the Cottage Hospital, Toronto, to Dr. R. J. and Mrs. MacMillan, a son (Robert Laidlaw). Mrs. MacMillan was Elizabeth Laidlaw, class of 1905, Toronto General Hospital.

Marriages

ALLDRED-GREGG—On May 24th, 1917, by Rev. C. H. Schutt, of Century Baptist Church, Toronto, Miss Laura M. Gregg, (Class '11, T.G.H., Toronto), to Mr. Ira Alldred, both of Toronto.

CAVANAGH-WRIGHT—June 7th, at Christ Church, Vancouver, B. C., Miss Beatrice Cavanagh (graduate Royal Victoria Hospital, Montreal), to Mr. Herbert Keith Wright, of Vancouver, Inspector of British Columbia branches of the Royal Bank of Canada.

PURVIS-ROLSON—In Brockville, Ont., May 3rd, 1917, Miss Ella Rolson, Asistant Superintendent Brockville General Hospital, to Dr. John S. Purvis, of Brockville. Miss Rolson was a graduate of K.G.H., 1914.

Deaths

OWENS—On Wednesday, May 23rd, 1917, at the residence of her brother-in-law, Dr. G. W. Pringle, 1957 Yonge Street, Toronto, Amelia B., youngest daughter of Samuel and Ellen Owens, of Chesley, Ontario. Miss Owens was a graduate of the Toronto General, (Class of 1915).

MCPHEDRAN—On Tuesday, May 22nd, 1917, at the P. P. Pavilion, Toronto General Hospital, Maud Louisa McNish, beloved wife of Dr. A. G. McPhedran, 867 College Street. Mrs. McPhedran was a graduate of the Toronto General, (Class of 1901).

Among the Toronto nurses who have done heroic work overseas and have been decorated in recognition of their services are Miss Jean Johnston, formerly a Public School nurse here, who has served in Egypt, Lemnos, Saloniki, England, and France, and who has been awarded the Royal Red Cross Medal, and Miss G. A. Gray, with No. 4 University of Toronto Hospital, who received the same decoration. Others who have been decorated are: Miss G. A. Mavety, daughter of Dr. A. C. Mavety, of Mavety Avenue; Miss Marion R. Marsh, of Newmarket; and Miss F. H. Wylie, of St. Catharines.

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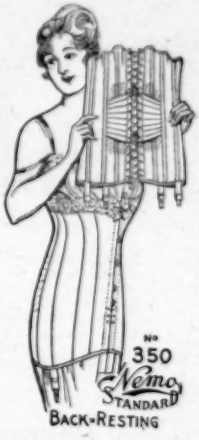

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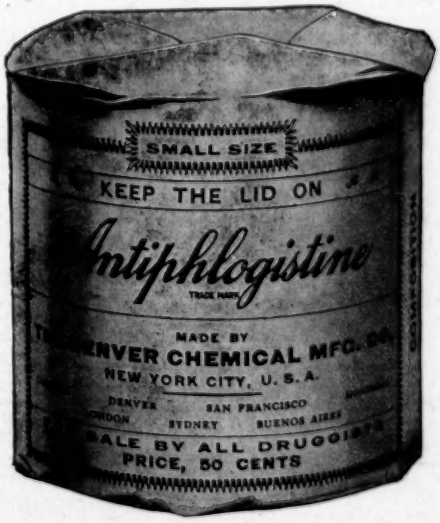

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